Use of banned drugs

537. SHRI ANAND KISHORE YADAV: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that some common medicines that have been banned in many foreign countries are still allowed to be used in India;

(b) if so, the number and details of such medicines;

(c) the effect of using such banned medicines; and

(d) the action taken/being taken by Government against such companies that are still producing these medicines?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RANABAKA LAKSHMI): (a) to (d) There is no system of global banning of drugs. Drugs withdrawn in some countries may continue to be used in other countries and the decision to ban a drug in a country rests on various factors such as disease pattern in a country, the varying reactions of certain ethnic groups in a given population to the drug, the availability of safer substitutes as well as the cost factor involved in the treatment of the disease.

There is an adequate mechanism to review the status of the drugs in India as and when any serious adverse events are reported in international journals, WHO news letters or a drug formulation is reported to have been discontinued in some developed country. A National Pharmacovigilance Programme has been launched to capture data on advise reactions of drug use in the country.

Fake drug manufacturers

538. SHRI DARA SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether certain small factories in Himachal Pradesh, Haryana and Uttar Pradesh are making fake drugs out of "chalk powder" and branding as "life saving" drugs;

(b) if so, the number of fraud cases, company-wise, factory-wise and State-wise which were detected by Government during the last two years; and

(c) the stringent measures taken by Government till date against those manufacturers?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The State Drugs controllers of Uttar Pradesh, Haryana and Himachal Pradesh have informed that no small factories in the States are making fake drugs out of chalk powder and branding them as life saving drugs.

(b) and (c) Question do not arise.

Infant Mortality rate in India

539. SHRI MURLI DEORA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that infant mortality rate in the country has been on the increase;

(b) if so, the details thereof during the years 2003-04, 2004-05 till February 2005 State-wise;

(c) the percentage of Neo-natal deaths and post Neo-natal deaths during the above period; and

(d) the steps taken to tackle the problem of child deaths and the results achieved, so far?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No, Sir.

(b) State-wise data for the years 1998—2002, as available from the office of the Registrar General of India, are placed in the Statement-I, II and III. (See below)

(c) In the year 2002, Neo-natal deaths accounted for 62.4% of the infant mortality rate.

(d) The steps taken to tackle the problem of child deaths:

1. Immunization against vaccines preventive diseases-diptheria, pertussis, tetanus, polio, tuberculosis, measles, hepatitis B.
2. Reduction of deaths due to acute respiratory infection.
3. Reduction of deaths due to diarrhoreal disease.
4. Provision of essential new born care.
5. Vitamin-A supplementation.
6. Infant and Young Child Feeding.
7. Integrated management of Neo-natal and Childhood Illnesses.